

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Jan 07, 2005
Secretary of State**

DOCUMENT# L04000024236

Entity Name: MICHELLE A. CEFOLIA LLC

Current Principal Place of Business:

2549 SE TRAIL AVENUE
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

2549 SE TRAIL AVENUE
PORT SAINT LUCIE, FL 34952

New Mailing Address:

FEI Number: 20-0874145 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CEFOLIA, MICHELLE A
2549 SE TRAIL AVENUE
PORT SAINT LUCIE, FL 34952 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: CEFOLIA, MICHELLE
Address: 2549 SE TRAIL AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: MGRM () Delete
Name: CEFOLIA, LOUIS A JR
Address: 2549 SE TRAIL AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHELLE CEFOLIA

MGRM

01/07/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date